



Single Preferred Drug List Update (Effective 1/1/2022)

The [Single Preferred Drug List \(SPDL\)](#) will tell you the formulary status of medications for patients with Apple Health (Medicaid). A single preferred drug list among the different managed care organizations in Washington State ensures continuity of care for members. The Health Care Authority (HCA) continues to make updates on a quarterly update. Changes that can be expected for 1/1/22 include:

- Diphenoxylate/atropine will move to a nonpreferred status*
- APAP elixir and syrup will no longer be covered*
- Potassium packets will move to a nonpreferred status*

*indicates only specific formulations and product manufacturers

Have a Patient Going on Vacation?

Is your patient traveling soon and needs to fill their chronic medication(s) early or for more than a 90-day supply? CHPW offers larger days' supply overrides allowing a prescription to be filled early or for more than a 90-day supply. This makes it possible for your patient to have enough medication on hand for the period they are not able to fill at their regular pharmacy.

It is advisable to put in the request at least two weeks ahead of the patient's departure.

Providers can make requests on behalf of their patient for the override allowing an early fill prior to a vacation or a larger days' supply of chronic medication(s) by calling CHPW Customer Service at:

1-800-440-1561

Comparison of Products for Treatment of Opioid Dependence

Buprenorphine/naloxone is a combination of a partial opioid agonist and opioid antagonist indicated for the treatment of opioid dependence.

The sublingual tablet and sublingual film formulations have been marketed since 2002 and 2013, respectively. Despite the higher pharmaceutical cost of Suboxone® film, some research suggest overall healthcare costs are lower for those treated with the film compared to the tablet.

The HCA SPDL drug list prefers both **Suboxone® SL film** & **generic buprenorphine/naloxone SL tablets** without prior authorization. The table below outlines the clinical pearls to consider when selecting a product for your patient.

Comparison of Products for Treatment of Opioid Dependence (continued)

SPDL Preferred Products for Opioid Dependence		
Medication Name	Suboxone® (buprenorphine/naloxone) Sublingual <i>Film</i>	buprenorphine/naloxone Sublingual <i>Tablets</i>
Strengths Available	2/0.5 mg, 4/1 mg, 8/2 mg, 12/3 mg	2/0.5 mg, 8/2 mg
Cost	\$\$\$	\$
Clinical Considerations	Generic film formulation is NOT preferred on SPDL Potential for greater bioavailability	Brand formulation is no longer available Members may prefer film over tablets because of taste

References

1. Suboxone [package insert]. North Chesterfield, VA: Indivior, Inc.; 2002.
2. Apple Health Preferred Drug List (PDL)/ Washington State Health Care Authority. <https://www.hca.wa.gov/billers-providers-partners/programs-and-services/apple-health-preferred-drug-list-pdl>
3. Buprenorphine and Naloxone. Lexi-Drugs. Lexicomp. Wolters Kluwer Health, Inc. Riverwoods, IL. Accessed October 14, 2021. <http://online.lexi.com>.
4. Asche C. P., et al (2015). Budgetary impact of the utilization of buprenorphine/naloxone sublingual film and tablet for Medicaid in the United States. *Journal of Medical Economics*: 18(8), 600-611.

USPSTF Aspirin Update

The USPSTF (US Preventative Services Task Force) released a draft recommendation in October 2021 about the use of low-dose aspirin for primary prevention of cardiovascular disease (CVD). The draft recommendation serves as an update to the to 2016 recommendations for initiating low-dose aspirin for primary prevention of CVD and colorectal cancer. The update recommends any decision to initiate low-dose aspirin for primary prevention of CVD in adults 40 to 59 years of age with at least a 10% CVD risk should be individualized. Moreover, the USPSTF recommends against initiating low-dose aspirin for primary prevention of CVD in anyone greater than 60 years of age.

The draft recommendation is available for public comment through November 8, 2021. Use the link below to read the full draft recommendation and provide any comments before the November 8 deadline.

1. Aspirin Use to Prevent Cardiovascular Disease: Preventive Medication." *Draft Recommendation: Aspirin Use to Prevent Cardiovascular Disease: Preventive Medication | United States Preventive Services Taskforce*, 12 Oct. 2021, <https://www.uspreventiveservicestaskforce.org/uspstf/draft-recommendation/aspirin-use-to-prevent-cardiovascular-disease-preventive-medication>.

We welcome your feedback and future topic ideas. Email us at: PharmacyR@chpw.org